

**DIRECTORY OF
DEPARTMENT OF HEALTH
AND SENIOR SERVICES
GRANT PROGRAMS
FOR THE
2004 - 2005 FISCAL YEAR**

FEBRUARY 2004

**Prepared by:
Office of Financial Services**

**Clifton R. Lacy, M.D.
Commissioner**



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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www.state.nj.us/health

JAMES E. MCGREEVEY
Governor

CLIFTON R. LACY, M.D.
Commissioner

February 2004

TO ALL INTERESTED CITIZENS:

The Department of Health and Senior Services is please to provide the attached Directory of Grant Programs for the State Fiscal Year 2005. This directory provides a comprehensive listing of grant funds available from the Department. If, additional grant funds become available during the year, the Department will publish information about them in the New Jersey Register.

The Department of Health and Senior Services awards grants from State appropriations, federal awards, and other funding sources. Since the award and appropriation of these funds do not always conform to the State Fiscal Year, the information included in this directory is based on the anticipated grant programs that will become available during the period July 1, 2004 through June 30, 2005.

The directory is divided into separate programs, which provide specific services through grant awards. Many programs are funded jointly by State, federal, and other funds. The information identified in the directory is without reference to the source of funding.

There are certain funds awarded within the grant category that have been excluded from this directory. They represent formula grants which, by law, are distributed to specific agencies (i.e., counties and municipalities); special legislation to provide funding to a specific agency; and disbursement of funds by other than grant awards. Information regarding any of these programs should be addressed to the Grants Management and Review Program at 609-588-7448, fax number 609-588-3100.

To receive additional copies of this directory, please contact the Grants Management and Review Program. Copies can be downloaded from Department's web site at www.state.nj.us/health. Grant forms and reports are also available at the same web site address.

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<http://www.state.nj.us/health/mgmt/mgmt&adm.htm>

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Care and Treatment for individuals with
HIV and their families

STATUTORY AUTHORITY:

New Jersey Statute 26:5 C-1 et seq.

GRANT PROGRAM NO. 05-11-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To develop a coordinated continuum of care for individuals with HIV and their families. Specific activities include medical and nursing care, dental, outreach, drug treatment services, case management, housing and support services.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants range from \$25,000 to \$500,000. Awards begin on July 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds. Current recipients of health service grants who have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Director, Care and Treatment Unit
Division of HIV/AIDS Services
P.O. Box 363
Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6328

FAX: (609) 292-4244

E-MAIL: Carmine.Grasso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Counseling and Testing
Notification Assistance Program

STATUTORY AUTHORITY:

PHS Act SEC 301 (A), 317 as Amended
(Federal)

GRANT PROGRAM NO. 05-12-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide HIV counseling and testing and partner notification services at free-standing alternative counseling and testing sites to include health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants range from \$20,000 to \$425,000. Awards begin on or about January 1, 2005 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

FOR INFORMATION CONTACT:

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FAX: (609) 292-4244

E-MAIL: Carmine.Grasso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Counseling and Testing
Notification Assistance Program

STATUTORY AUTHORITY:

N.J.S.A. Statute 26:5 C-1 et seq.

GRANT PROGRAM NO. 05-13-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide HIV counseling and testing and partner notification services at free-standing and alternative counseling and testing sites to include community health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants range from \$30,000 to \$200,000. Awards begin on or about July 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and availability of funds.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

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Division of HIV/AIDS Services
P.O. Box 363
Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6328

FAX: (609) 292-4244

E-MAIL: Carmine.Grasso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Health Education/Risk Reduction

STATUTORY AUTHORITY:

New Jersey Statute 26:5C-1 et seq. (State)

GRANT PROGRAM NO. 05-15-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including street and community outreach, health education/risk reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$2,000,000 should be available in SFY-2005 to fund 7 to 10 awards. Grants range from \$50,000 to \$500,000. Awards will begin on or about July 1, 2004, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, non-profit corporations, and community-based agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Varies by grant service.

APPLICATION PROCEDURES:

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6050

FAX: (609) 292-6009

E-MAIL: errol.saunders@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually two months prior to the beginning of the grant/funding.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Health Education/Ris k Reduction

STATUTORY AUTHORITY:

SEC 301(A)317, Public Health Services

Act as amended (Federal)

GRANT PROGRAM NO. 05-16-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or

Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide HIV/AIDS primary and secondary prevention/education, outreach, referral and support services to individuals at increased risk of infection through a variety of interventions, including street and community outreach, health education/ris k reduction programs, community-intervention programs and HIV prevention case management. Priority populations to include women and adolescents at high risk of HIV infection, injecting drug users and their sexual partners, the gay/lesbian community and persons living with HIV/AIDS.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$5,935,000 should be available in SFY-2005 to fund 17 to 30 awards. Grants range from \$40,000 to \$500,000. Awards will begin on or about January 1, 2005, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, non-profit corporations, and community-based agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Varies by grant service.

APPLICATION PROCEDURES:

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6050

FAX: (609) 292-6009

E-MAIL: errol.saunders@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually two months prior to the beginning of the grant/funding.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

HIV Public Information

STATUTORY AUTHORITY:

SEC 301(A) 317, Public Health Service Act as
Amended, New Jersey Statute 26:5 c-1 et seq.

GRANT PROGRAM NO. 05-17-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To build general awareness and knowledge of HIV/AIDS through public information and education programs and multi-faceted awareness campaigns, to provide HIV/AIDS prevention and information through speakers bureau/toll free hotline services.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$500,000 should be available in SFY-2005 to fund 2 to 3 grants. Awards will begin on or about July 1, 2004 and January 1, 2005, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
 2. General and specific Grant Compliance requirements issued by the Granting Agency.
 3. Applicable Federal Cost Principles relating to the Applicant.
-

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, non-profit corporations, and community-based agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated history in developing effective multi-faceted education campaigns for the general population and specific target audiences.

APPLICATION PROCEDURES:

Submit a concept paper to person listed below, delineating goals and objectives with tentative budget. Based on availability of funds, a Request for Proposal (RFP) may be released by the Department to all eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Steven Saunders, M.S.

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6050

FAX: (609) 292-6009

E-MAIL: errol.saunders@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually two months prior to the beginning of the grant/funding.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Behavioral Surveillance

GRANT PROGRAM NO. 05-18-AIDS

STATUTORY AUTHORITY:

PHS Act, Section 301 (A), 311, 317 (K)(3)

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants amount to \$337,500. Awards begin on January 1, 2005 and will be made for a 12-month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Continuation awards will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood health clinics.

APPLICATION PROCEDURES:

Submit a concept paper to person listed below delineating goals and objectives and tentative budget.

FOR INFORMATION CONTACT:

Helene Cross, Ph.D., Director, Epidemiologic Services

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-5940

FAX: (609) 633-2791

E-MAIL: helene.cross@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award should usually be two months prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Ryan White Title I

STATUTORY AUTHORITY:

Public Health Service Act

Public Law 104-146

GRANT PROGRAM NO. 05-19-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or

Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To develop a coordinated continuum of care for individuals with HIV and their families in Camden, Burlington, Gloucester, and Salem counties. Specific activities include: medical and nursing care, dental outreach, drug treatment services, case management, housing and support services.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$1.5 million is available. Awards begin on March 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Director, Care and Treatment Unit

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

TELEPHONE: (609) 984-6328

FAX: (609) 292-4244

E-MAIL: carmine.grasso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Ryan White Title II

STATUTORY AUTHORITY:

Public Health Service Act

Public Law 101-380

GRANT PROGRAM NO. 05-20-AIDS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or

Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To develop a coordinated continuum of care for individuals with HIV and their families through the funding of HIV Care Consortia and outreach programs to marginalized populations. Services eligible to be funded by the Consortia include case management, primary medical care, transportation services, hospice, foodbank and meals, psychological services, drug treatment and housing services.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants range from \$10,000 to \$1,000,000. Awards begin on April 1, 2005 and will be made for a 12-month budget period. Funds are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

APPLICATION PROCEDURES:

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

FOR INFORMATION CONTACT:

Director, Care and Treatment Unit

Division of HIV/AIDS Services

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DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified within one month of the beginning of the project period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

NJ Breast Cancer Research Fund
NJ Commission on Cancer Research

STATUTORY AUTHORITY:

PL 95, C. 26, 54:9-25

GRANT PROGRAM NO. 05-21-CCR

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To fund research projects that focus upon the causes, prevention, early detection treatment and cure of breast cancer.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$250,000 should be available for one or two year awards ranging from \$25,000 to \$100,000. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

APPLICATION PROCEDURES:

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multi-year awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

FOR INFORMATION CONTACT:

Ann Marie Hill, Executive Director
NJ Commission on Cancer Research
28 W State St., Rm. 505, PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 633-6552

FAX: (609) 633-6814

E-MAIL: NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

December 1 or as directed by the Commission Offices. Information is included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

NJ Commission on Cancer Research Fellowship

STATUTORY AUTHORITY:

PL 83, C. 6, 52:9U-1 et al

PL 97, C. 92, 39:3-27.90

GRANT PROGRAM NO. 05-23-CCR

TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To train talented young people as cancer research scientists in New Jersey non-profit research institutions.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$250,000 should be available for pre-, post- and summer fellowships. Awards of two years will range from \$19,000 per year for predoctoral students and \$34,000 (Year 1), \$35,000 (Year 2) for postdoctoral awards. Summer fellowships are \$2,800 for ten weeks of study. Awards begin on July 1 or as directed by the commission. Funding estimates may vary and are subject to annual appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must be enrolled in an approved course of study directly related to cancer at a non-profit research institution in New Jersey. Postdoctoral fellows must have appropriate degrees and credentials. Predoctoral candidates must be US citizens.

APPLICATION PROCEDURES:

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multi-year awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

FOR INFORMATION CONTACT:

Ann Marie Hill, Executive Director
NJ Commission on Cancer Research
28 W State St., Rm. 505, PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 633-6552

FAX: (609) 633-6814

E-MAIL: NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Pre- and Postdoctoral fellowships applications are due the first Friday in January, or as directed by the Commission Offices. Summer fellowships due May 1st.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to funding.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

NJ Commission on Cancer Research Grants

STATUTORY AUTHORITY:

PL 83, C. 6, 52:9U-1 et al

PL 97, C. 92, 39:3-27.90

GRANT PROGRAM NO. 05-24-CCR

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To fund research projects that focus upon the genetic, biochemical, viral, microbiological, environmental, behavioral, socioeconomic, demographic and psychosocial aspects of cancer prevention, etiology, development and treatment. Research development awards may be offered depending upon funding.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$600,000 should be available for one to two year awards ranging from \$35,000 to \$100,000. Awards begin on July 1 or as directed by the Commission. Funding estimates may vary and are subject to annual appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Grants are awarded to approved, non-profit institutions located in New Jersey and not individuals.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Proposals are evaluated based upon scientific merit and study feasibility. Additional factors considered in the review include: qualifications of investigators, research facilities, scientific/budget overlap and relevance to statutory mandates.

APPLICATION PROCEDURES:

Applications and policies governing awards are available from Commission Offices. Review and award occur at least once a year. Continuation of multi-year awards contingent upon satisfactory progress and availability of funds. Policies, guidelines, and applications can be found at <http://www.state.nj.us/health/ccr/applications-policies.htm>.

FOR INFORMATION CONTACT:

Ann Marie Hill, Executive Director
NJ Commission on Cancer Research
28 W State St., Rm. 505, PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 633-6552

FAX: (609) 633-6814

E-MAIL: NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

December 1 or as directed by the Commission Offices. Information is included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to funding.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research
Postdoctoral & Graduate Student Fellowship Grant

GRANT PROGRAM NO. 05-SCR-3**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund Postdoctoral and Graduate Student Fellowship grants to attract and retain in New Jersey's qualifying academic research institutions talented young scientists who wish to pursue a career in spinal cord regeneration and repair research. All awards will be made to the research institution in the name of the fellow. All proposals are viewed by a panel of independent scientific experts who are appointed by the NJCSCR. The panel will evaluate candidates on academic qualifications, the scientific merit of the proposed research project and its relevance to the research priorities of the NJCSCR, the qualifications of the candidate's mentor, the adequacy of facilities, and institutional support.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Postdoctoral Fellowships are two-year awards of \$50,000 per annum. They provide an annual stipend of \$36,000, a research allowance of \$13,000, and a travel budget of \$1,000. No part of the award may be used for institutional overhead or indirect costs. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCSCR monies. A candidate may not apply for a NJCSCR Postdoctoral Fellowship and a NJCSCR Individual Research grant in the same grant cycle. If a first-year fellow applies for and is awarded a NJCSCR Individual Research grant, funding will be contingent upon cancellation of the second year of the fellowship. Non-research activities, such as teaching, may not occupy more than 10% of the fellow's time.

Graduate Student Fellowships are two-year awards of \$30,000 per annum. They provide an annual stipend of \$25,000, a research allowance of \$4,000, and a travel budget of \$1,000. No part of this award may be used for institutional overhead, or for tuition. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCSCR monies. Applicants may serve as teaching assistances while holding a NJCSCR Graduate Student Fellowship without special permission.

Awards will begin on or about December 15, 2004. The NJCSCR reserves the right to distribute funds among the grants in this program 05-SCR-3 as well as among the NJCSCR's other grant programs 05-SCR-1, 05-SCR-4, 05-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 05-SCR-3 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (05-SCR-1, 05-SCR-3, 05-SCR-4, 05-SCR-5) will not exceed \$4,000,000. Each funding award within the two-year period will be contingent upon the availability of funds. All Postdoctoral and Graduate Student Fellows must submit a first-year Progress Report accompanied by a letter of support from the fellow's mentor. Second-year fellowship funding is contingent upon the successful review of the first-year Progress Report and a recommendation from the mentor. Any change in relationship between the fellow and the mentor, or between the fellow and the host institution will require the submission of a new, competing application by the fellow as opposed to a Progress Report. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of the Fellowship grant.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Postdoctoral Fellowship Specifications – Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution for New Jersey. The NJCSCR reserves the right to limit the number of fellowships awarded under the supervision of an individual mentor.

Graduate Student Fellowship Specification – Candidates must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged spinal cord. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCSCR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

APPLICATION PROCEDURES:

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at www.state.nj.us/health/spinalcord/. Review and the awarding of grants will occur once a year.

FOR INFORMATION CONTACT:

New Jersey Commission on Spinal Cord Research
Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-4055
FAX: (609) 943-4213
E-MAIL: NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received in the NJCSCR Office by June 8, 2004, between the hours of 8AM and 5PM.
(NO EXCEPTIONS WILL BE MADE)

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification – November 30, 2004

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research
Five-Year Named Chair for Senior & Junior Faculty

GRANT PROGRAM NO. 05-SCR-4**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund grants totaling \$1,000,000 for senior faculty and \$600,000 for junior faculty for a Five-Year Named Chair for Senior and Junior Faculty grant to recruit highly qualified researchers to conduct spinal cord research in New Jersey. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of support such as appropriate laboratory facilities and the commitment of financial support necessary to sustain the research for a minimum of five years. A qualifying research institution may not apply for both a "One-Time Start-Up Cost" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year. A person holding one of these positions will be called "New Jersey Professor of Spinal Cord Research."

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants will total \$1,000,000 for senior faculty and \$600,000 for junior faculty (includes direct and indirect costs, a maximum of 10% may be applied to indirect costs). Successful candidates also will receive \$100,000 and \$50,000 respectively in start-up costs. Awards will begin on or about December 15, 2004. The NJCSCR reserves the right to distribute funds among the grants in this program 05-SCR-4 as well as among the NJCSCR's other grant programs 05-SCR-1, 05-SCR-3, 05-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 05-SCR-4 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (05-SCR-1, 05-SCR-3, 05-SCR-4, 05-SCR-5) will not exceed \$4,000,000. Any change either in awardee or the research focus on spinal cord injury will result in the revocation of the award and the return of all funds on a prorated basis. Annual funding within the five-year period will be contingent upon the availability of funds and the submission of an annual Narrative Report that is favorably reviewed by an independent scientific merit review panel. The panel's continuation recommendations will be made to the NJCSCR for funding approval. Project periods may not exceed five years. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of a Five-Year Named Chair grant.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Five-Year Named Chair for Senior and Junior Faculty grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

A Senior Faculty candidate will have a Ph.D. and/or M.D., an outstanding record of excellence and achievement in areas relevant to spinal cord injury research, high quality publications, a national/international reputation, demonstrated leadership capabilities, evidence of sustained success in competitive science funding, and a commitment to the development of practical therapies. Experienced researchers in other fields moving to spinal cord research also will be considered.

A Junior Faculty candidate will have a Ph.D. and/or M.D., appropriate postdoctoral experience in a well-established research facility, and confidential recommendations from the director and senior leaders of their present research setting.

Outside references will enhance the application. Applications are evaluated based upon evidence provided by the qualifying institution that the proposed candidate has accepted a position and that appropriate research facilities are available or will be provided by the start date of this award.

APPLICATION PROCEDURES:

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at www.state.nj.us/health/spinalcord/. Review and the awarding of grants will occur once a year.

FOR INFORMATION CONTACT:

New Jersey Commission on Spinal Cord Research
Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-4055
FAX: (609) 943-4213
E-MAIL: NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent – May 3, 2004

Applications must be received in the NJCSCR Office by June 8, 2004, between the hours of 8AM and 5PM.
(NO EXCEPTIONS WILL BE MADE)

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification – November 30, 2004

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research
One-Time Start-Up Costs Grant

GRANT PROGRAM NO. 05-SCR-5**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund start-up costs to facilitate the establishment of new spinal cord injury research laboratories. The primary focus of the research must hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. The qualifying institution must provide evidence of qualified research leadership for the new laboratory and the commitment of financial support necessary to sustain the research for a minimum of five years. These awards may be used for the renovation of space, support of research personnel (maximum of one year salary for technical support staff, after the first year, no personnel costs are permitted), and the purchase of equipment directly related to the research. No indirect costs are permitted. The goal of this program is to enable the establishment of new laboratories and facilitate the recruitment of highly qualified researchers to conduct spinal cord research in New Jersey. A qualifying research institution may not apply for both a "One-Time Start-Up Costs" grant and a "Five-Year Named Chair for Senior and Junior Faculty" grant using the same faculty member in the same grant year.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The NJCSCR will fund start-up costs ranging from \$250,000 to \$1,000,000 to facilitate the establishment of new spinal cord injury research laboratories. Awards will begin on or about December 15, 2004. Money granted must be held in a separate account with all accrued interest being maintained in the account. Each grant award will be contingent upon the availability of funds. Any change in the research focus will result in the revocation of the award and the return of funds on a prorated basis. This is a one-year grant award with a progress reporting period of five years during which time an annual Narrative Report must be submitted to the NJCSCR office. Evidence of the necessary organizational/institutional financial support to sustain the research must be included as part of the report. The NJCSCR reserves the right to distribute funds among the grants in this program 05-SCR-5 as well as among the NJCSCR's other grant programs 05-SCR-1, 05-SCR-3, 05-SCR-4. The NJCSCR reserves the right not to fund any grants in this program 05-SCR-5 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (05-SCR-1, 05-SCR-3, 05-SCR-4, 05-SCR-5) will not exceed \$4,000,000.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for One-Time Start-Up Costs grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Proposals are evaluated based upon evidence provided by the qualifying institution that a new research laboratory will be established upon receipt of these funds. Such evidence should include, but is not limited to, range of construction, detailed equipment listing, evidence of other support from the institution, evidence that the institution is providing space to be renovated, information on a newly recruited faculty or staff member, or evidence that an experienced researcher in a related field will establish a new laboratory dedicated to spinal cord injury research.

APPLICATION PROCEDURES:

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at www.state.nj.us/health/spinalcord/. Review and the awarding of grants will occur once a year.

FOR INFORMATION CONTACT:

New Jersey Commission on Spinal Cord Research
Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-4055**FAX:** (609) 943-4213**E-MAIL:** NJCCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent – May 3, 2004

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification – November 30, 2004

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

New Jersey Commission on Spinal Cord Research
Individual Research Grant

GRANT PROGRAM NO. 05-SCR-1**STATUTORY AUTHORITY:**

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund research activities that hold promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. The goals of this program are (1) to encourage promising postdoctoral fellows and young investigators to undertake research on spinal cord regeneration, recovery and rehabilitation; (2) to encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from the National Institutes of Health, and other funding sources.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Applicants are encouraged to apply for a one-year or two-year award. Maximum funding is up to \$200,000 per year including direct and indirect costs, (10% maximum for the latter). Two-year awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second-year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application. The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. Awards will begin on or about December 15, 2004. The NJCSCR reserves the right to distribute funds among the grants in this program 05-SCR-1 as well as among the NJCSCR's other grant programs 05-SCR-3, 05-SCR-4, 05-SCR-5. The NJCSCR reserves the right not to fund any grants in this program 04-SCR-1 to the maximum amount, or not to fund any grant in this program at all. Grant awards to all four programs (05-SCR-1, 05-SCR-3, 05-SCR-4, 05-SCR-5) will not exceed \$4,000,000.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Individual Research grants under this program. A qualifying research institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with a demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

APPLICATION PROCEDURES:

Applications and NJCSCR Research Guidelines governing grants are available from the NJCSCR office, or can be downloaded from the website at www.state.nj.us/health/spinalcord/. Review and the awarding of grants will occur once a year.

FOR INFORMATION CONTACT:

New Jersey Commission on Spinal Cord Research
Department of Health and Senior Services
PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-4055

FAX: (609) 943-4213

E-MAIL: NJCSCR@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received in the NJCSCR Office by June 8, 2004, between the hours of 8AM and 5PM.
(NO EXCEPTIONS WILL BE MADE)

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification – November 30, 2004

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Emergency Medical Services for Children

STATUTORY AUTHORITY:

EMS for Children Act (NJSA:26-2K-48 et al.)

GRANT PROGRAM NO. 05-38-EMS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants or

Performance-based Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2005 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers; (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$30,000 should be available for FY 2005 to fund two or more awards. It is expected that the average award will be \$15,000 (range \$10,000-\$15,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal Appropriations. Awards will begin on or about July 1, 2004 and will be made for a 12-month period and a project period of one-year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Applicants must be a non-for-profit organization, a government agency, or a licensed New Jersey hospital.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

APPLICATION PROCEDURES:

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to March 1, 2004. The completed application is to be returned to the Department for consideration of a grant award.

FOR INFORMATION CONTACT:

Nancy Kelly-Goodstein, EMSC Program Manager

Office of Emergency Medical Services

P.O. Box 360

Trenton, NJ 08625-0360

TELEPHONE: (609)633-7777

FAX: (609) 633-7954

E-MAIL: nancy.kelly-goodstein@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of intent due to address listed above by March 1, 2004, applications due by close of business on April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of acceptance will be made to applicants by June 1, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Emergency Medical Services for Children
(Federal)

GRANT PROGRAM NO. 05-39-EMS**STATUTORY AUTHORITY:**

EMS for Children Act (PHS Act, Section 1910,
P.L. 105-78)

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants or
Performance-based Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To reduce childhood mortality and morbidity sustained as the result of severe illness or trauma and to enhance the pediatric capability of the EMS system. Areas of emphasis for FY 2005 awards are: (1) pediatric injury or illness prevention activities; (2) pediatric emergency medical education for all levels of healthcare providers, (3) education for children, parents, caregivers, or the public on pediatric EMS issues; and (4) research in all areas of pediatric emergency care, to include outcome studies of clinical practice and the effects of EMSC implementation.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$30,000 should be available for FY 2005 to fund two or more awards. It is expected that the average award will be \$15,000 (range \$10,000-\$15,000). Funding estimates may vary and are subject to the Annual Appropriation Act and/or Federal Appropriations. Awards will begin on or about March 1, 2005 and will be made for a 12-month period with a project period of one-year. Applications approved, but not funded initially, will be kept on file, should additional monies become available during the fiscal year.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Applicants must be a not-for-profit organization, a government agency, or a licensed New Jersey hospital.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must possess proper license or certification for services, if applicable, and demonstrated ability to meet grant objectives.

APPLICATION PROCEDURES:

A packet including an application for a Grant, information on each area of emphasis, and scoring criteria will be mailed by the Department upon receipt of a Letter of Intent sent to the address listed below. This letter should be sent prior to July 1, 2004. The completed application is to be returned to the Department for consideration of a grant award.

FOR INFORMATION CONTACT:

Nancy Kelly-Goodstein, EMSC Program Manager
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609)633-7777**FAX:** (609) 633-7954**E-MAIL:** nancy.kelly-goodstein@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent due to address listed above by July 1, 2004. Applications due by close of business on September 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of acceptance will be made to applicants by February 1, 2005.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

NJ Poison Information and Education System

STATUTORY AUTHORITY:

Poison Control/Drug Information Act
(P.L. 1982, c.177)

GRANT PROGRAM NO. 05-40-EMS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To operate and maintain a statewide poison information and education system according to P.L. 1982, c.177 (NJSA 26:2-119). Provide service 24 hours a day, 7 days a week with qualified poison specialists, including toll-free telephone access. Serve as an answering point for other NJ Department of Health and Senior Services toll-free telephone numbers, as requested. Provide associated educational and informational programs for the public and health professionals.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon state appropriations. Approximately \$490,000 annually has been allotted to fund one award. This has been supplemented with membership fees from the state's acute care hospitals. A three-year award will be made, if possible, with a 12-month budget period. Applicants currently receiving Grants for the activity will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

New Jersey hospitals operating a 24-hour, 7 days-a-week regional poison information and education service. Preference will be given to continuation applications.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Hospital must have a toxicologist as the poison center medical director, as well as qualified poison specialists to answer the telephone lines around the clock, and to handle approximately 100,000 calls annually.

APPLICATION PROCEDURES:

An application for a Grant will be mailed by the Department upon receipt of a Letter of Intent sent to the address below. It is suggested this letter be sent prior to March 1, 2004. The first year will be from July 1, 2004 to June 30, 2005 and the preceding two years will start from July 1 to June 30. The completed application is to be returned to the Department for consideration.

FOR INFORMATION CONTACT:

Nancy Kelly-Goodstein, EMSC Program Manager
Office of Emergency Medical Services
P.O. Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609)633-7777

FAX: (609) 633-7954

E-MAIL: nancy.kelly-goodstein@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications should be submitted no later than April 1, 2004 for grant awards beginning on July 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified by May 14, 2004, whether the application has been accepted and will be processed.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Abstinence Education

GRANT PROGRAM NO. 05-41-CHS**STATUTORY AUTHORITY:**

Section 510 of Title V of the Social Security Act

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

1. To teach that abstinence from sexual activity is the only certain way to avoid out of wedlock pregnancy, and sexually transmitted diseases.
2. To teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances.
3. To teach the importance of attaining self-sufficiency before engaging in sexual activity.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon Congressional reauthorization of the program and Federal Appropriations. Approximately \$818,000 should be available in SFY 2005 to support nine - eleven abstinence education projects. A non-federal match of \$3 for every \$4 dollars of grant funding is required. Grantees will be required to document the availability of non-federal match, which may be local or private resources or in-kind.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements is sued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local and county health departments, nursing service agencies, hospitals, educational institutions, and non-profit community-based agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Capacity and ability to meet both programmatic and fiscal requirements to carry out the abstinence education activities.

APPLICATION PROCEDURES:

1. Contact Office of the Director (see below).
2. Competitive Request for Applications (RFA), will be issued on or about December 15, 2003.
3. Prepare Grant Application in accordance with instructions in RFA.

FOR INFORMATION CONTACT:

Office of the Director
Maternal, Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024**FAX:** (609) 292-9288**E-MAIL:** kevin.mcnally@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Anticipated deadline date is February 20, 2004. Final deadline data will be announced in the RFA.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start of the grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Adolescent Health

STATUTORY AUTHORITY:

Title V of the Social Security Act, Preventive
Health and Health Services Block Grant

GRANT PROGRAM NO. 05-42-CHS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

1. Support community partnerships to reduce risk taking behavior among youth, with particular emphasis placed on prevention of adolescent pregnancy, injury, youth violence, suicide and substance abuse.
2. Support nutritional education and physical fitness as a primary prevention strategy to reduce obesity and chronic disease.
3. Support case management services for pregnant and parenting adolescents.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on State and Federal appropriations to the Department. Approximately \$1,200,000 should be available in SFY 2005 to support adolescent health projects. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Governmental and non-profit agencies providing outreach, education and health services to adolescents, including local health departments and community-based service providers.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Compliance with applicable licensure standards/permits for professional staff and facilities. Experience in addressing health needs of adolescents.

APPLICATION PROCEDURES:

1. Contact Office of the Director (see below)
2. Competitive Request for Applications (RFA) for new or special program services, if funds are available, will be issued on or about March 1, 2004.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

FOR INFORMATION CONTACT:

Office of the Director
Maternal, Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-9288

E-MAIL: kevin.mcnally@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1 for grants starting July 1, or by November 1 for grants starting January 1.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start of the grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Child Health

GRANT PROGRAM NO. 05-43-CHS**STATUTORY AUTHORITY:**

Social Security Act title V and N.J.S.A. 26:2-132

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

1. Provide risk assessment and case management services for children at high risk of preventable health problems.
2. Prevent or remediate lead poisoning in children under six years of age.
3. Educate health and child care professionals about child health issues.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$3,000,000 should be available in SFY 2005 to support prevention-oriented child health and childhood lead poisoning prevention projects and special initiatives. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds for new awards.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local and county health departments, nursing service agencies, hospitals, educational institutions, health care professional associations, and non-profit community-based agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

For prevention-oriented child health: demonstrated ability to provide home visiting and case management services for children using appropriately trained nurses. For childhood lead poisoning prevention: local health department or affiliated nursing services agency qualified to provide case management and environmental investigation in compliance with N.J.A.C.8:51.

APPLICATION PROCEDURES:

1. Contact Office of the Director (see below)
2. Competitive Request for Applications (RFA) for new or special program services, if funds are available, will be issued on or about March 1, 2004.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

FOR INFORMATION CONTACT:

Office of the Director
Maternal, Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024**FAX:** (609) 292-9288**E-MAIL:** kevin.mcnally@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1 for grants starting July 1, or by November 1 for grants starting January 1.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start of the grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Family Planning

GRANT PROGRAM NO. 05-44-FP

STATUTORY AUTHORITY:

Title X of the Public Health Service Population Act

TYPE OF AWARDS TO BE ISSUED:

Cost-Reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide funds to support clinical family planning and related services throughout the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on State and Federal appropriations of funds to the Department. Approximately \$9.0 million should be available for grants for Calendar Year (CY) 2005. Continuation awards within an approved project period will be based on satisfactory progress and will affect the amount of funds available for new competitive grants.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Government or non-profit agencies that are licensed ambulatory care facilities and provide or can provide comprehensive family planning services in conformity with state and federal regulations.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. A licensed ambulatory care facility that can provide clinical family planning services and community education in accordance with state and federal guidelines.
2. Medicaid provider or a facility that has applied to become one.

APPLICATION PROCEDURES:

1. Contact Office of Director (see below).
2. Based on funding availability for new projects, a formal request for applications will be published by the program.
3. Prepare Grant application in accordance with formal request for application requirements.

FOR INFORMATION CONTACT:

Doreleena Sammons-Posey
Maternal, Child, and Community Health Services
50 East State Street, 6th Floor
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-9288

E-MAIL: Doreleena.Sammons-Posey@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED

Letter of Intent due to funded programs by June 1, 2004 application to be received by July 1, 2004 for January 1, 2005 grants. Applicant will be notified 30 days prior to start date of grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start date of grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Federally Qualified Health Center Expansion

STATUTORY AUTHORITY:

Health Care Reform Act 1992, Chapter 160

GRANT PROGRAM NO. 05-45-CHS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants and/or
Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 330 of the "Public Health Service Act", and other Centers designated as FQHCs to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments. Funds will be used to provide reimbursement for uninsured preventive and primary care visits or grant support to ensure access to care in accordance with Department policy.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$12 million should be available in SFY 2005 to support FQHCs participating in the program.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

FQHCs participating, through a LOA, in the FQHC Expansion Program.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Federal designation as a FQHC or federal designation as a FQHC "look alike", and current or prior participation in the program.

APPLICATION PROCEDURES:

Either response to a Request for Application (RFA), completion of the Grant Application forms and timely submission to the Program Office; or a signed Letter of Agreement in accordance with time frames specified.

FOR INFORMATION CONTACT:

Office of the Director
Maternal , Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-3580

E-MAIL: linda.anderson@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Completed applications and/or signed agreements are due in the program office on the date specified in the RFA or LOA.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS

Notification will be approximately 4 weeks after receipt of the Grant Application or receipt of the signed LOA.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Fetal Alcohol Syndrome Prevention

STATUTORY AUTHORITY:

N.J.S.A. 26:2B-32, Alcohol, Education,
Rehabilitation and Enforcement Fund

GRANT PROGRAM NO. 05-46-CHS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Development of Regional Projects which prevent alcohol and other drug use pre-pregnancy, during pregnancy and post-partum. This will be done through training of perinatal professionals and general public education, substance abuse risk screenings in prenatal clinics, intervention counseling of pregnant women and referral to addiction treatment programs. To increase the number of pregnant and preconceptual women screened for risk of substance use and abuse.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on appropriation of funds to the department. Approximately \$500,000 is available in the grant program to fund awards for direct service. Approximately \$700,000 will be available to established Maternal and Child Health Consortia to fund coordination of risk reduction services.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Service grants may be awarded to Perinatal Centers, Ambulatory Care Facilities, Local and County Health Departments. Established Maternal and Child Health Consortia.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Maternal and Child Health Consortia must demonstrate ability to provide coordination as specified by the Perinatal Health Services Program. Direct service providers must be able to comply with program specifications including ability to provide direct prenatal services and coordination with Maternal and Child Health Consortia.

APPLICATION PROCEDURES:

1. Contact Office of Director (see below).
2. Submit Letter of Intent to program.
3. Prepare grant application.

FOR INFORMATION CONTACT:

Office of the Director
Maternal , Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-9288

E-MAIL:

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent due to funding program February 1 for July grants and August 1 for January 1 grants.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start date of grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

New Jersey Cancer Education and Early Detection
(NJCEED) Program

GRANT PROGRAM NO. 05-47-CED**STATUTORY AUTHORITY:**

Breast Cancer Mortality Act 1990

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Center for Disease Control and Prevention (CDC) funding is to be used to maintain outreach, education, screening, tracking and follow-up for breast and cervical cancer services to women currently participating in the program and any new women age 50-64 years. State appropriated funds are to be used for outreach, education, screening, tracking and follow up for: prostate cancer; colorectal cancer; breast and cervical cancer (women under age 50 and over age 64 years). Types of grant programs and the amount of funds released vary annually and are contingent upon the receipt of funds.

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Approximately \$2.0 million in federal CDC funding should be available in Fiscal Year 2005 (July 1, 2004-June 30, 2005) to fund at least twenty-five (25) awards. It is expected that the average award will be approximately \$90,000. Approximately \$2.5 million in state funds should be available Fiscal Year 2005 (July 1, 2004-June 30, 2005) to fund at least twenty-five (25) awards. Applicants currently being funded for any of the above activities and have performed satisfactory, will be given continuation funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Depending on the types of proposals released, applicable agencies may be not-for-profit: health departments, hospitals, community health centers, visiting nurse associations, federally qualified health centers, etc.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR THE A GRANT:

Depending on the nature of the services to be provided, applicants may need to have specialized staff (clinical providers, health educators, etc.) to conduct grant activities and have the ability to provide/assure treatment, if cancer is found.

APPLICATION PROCEDURES:

Based on the availability of funding, Request for Applications (RFAs) are mailed to targeted agencies. Technical Assistance meetings are held. Grant applications are requested and completed. Applications are reviewed and grants are awarded based upon the amount of funds available.

FOR INFORMATION CONTACT:

Doreleena Sammons-Posey
Maternal, Child and Community Health Services
50 East State Street, 6th Floor
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 292-8540**FAX:** (609) 292-9288**E-MAIL:** Doreleena.Sammons-Posey@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are submitted approximately 4-6 weeks after release of RFA. Applicants will be notified approximately 4 weeks after completed applications are reviewed and approved by the Department.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified approximately 4 weeks after completed applications are reviewed and approved by the Department.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Oral Health

GRANT PROGRAM NO. 05-48-CHS

STATUTORY AUTHORITY:

Title V of the Social Security Act

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Support preventive dental health and oral health education projects.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on State and Federal appropriations to the Department. Approximately \$500,000 should be available in SFY 2005 to support oral health projects. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments and community-based service providers.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Compliance with applicable licensure standards/permits for professional staff and facilities. Experience in addressing oral health needs of school-age children and adolescents.

APPLICATION PROCEDURES:

1. Contact Office of the Director (see below).
2. Competitive Request for Applications (RFA) for new or special program services, if funds are available, will be issued on or about March 1, 2004.
3. Submit Letter of Intent to Office of Director, with a brief description.
4. Prepare Grant Application.

FOR INFORMATION CONTACT:

Office of the Director
Maternal, Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-9288

E-MAIL: kevin.mcnally@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications due by May 1 for grants starting July 1, or by November 1 for grants starting January 1.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start date of grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Outreach and Education

STATUTORY AUTHORITY:

Health Care Subsidy Fund, est. pursuant to
(P.L. 1992, c.160 c. 26:2H-18.58)

GRANT PROGRAM NO. 05-49-CHS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To inform the community through outreach services and educational programs about the issue of Infant Mortality. Improve awareness of cultural differences and promote culturally competent services, to reduce racial disparity in perinatal outcomes and increase respect for these differences among health care providers. To increase the ease with which women enter the health care system in areas at high risk for poor perinatal outcome.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$1.83 million should be available to established Maternal Child Health Consortium to fund projects in the 11 Healthy Mothers/Healthy Babies cities, and \$2.2 million in grants to support other outreach and education activities; including Healthy Start of East Orange and Sudden Infant Death Syndrome Resource Center. Funding is contingent on appropriation to the Department. Grant awards will range from \$25,000 to \$200,000.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Maternal Child Health Consortia responsible for Healthy Mothers/Healthy Babies Coalitions. The BIM grants may be awarded to governmental, non-profit agencies, community based organizations, licensed hospitals, and ambulatory care facilities.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Perinatal Health Services Program.

APPLICATION PROCEDURES:

1. Contact Office of Director (see below).
2. Submit Letter of Intent to program.
3. Prepare grant application.

FOR INFORMATION CONTACT:

Office of the Director
Maternal, Child and Community Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-0024

FAX: (609) 292-9288

E-MAIL:

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent due to funding program February 1 for July grants and August 1 for January 1 grants.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified 30 days prior to start date of grant.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Primary Care Cooperative Agreement

STATUTORY AUTHORITY:

Public Health Service Act, Section 333D,
Public Law 100-177

GRANT PROGRAM NO. 05-50-CHS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members' needs and also target Urban Coordinating Council (UCC) cities designated by the Department of Community Affairs. To assist in recruitment and retention of National Health Service Corps Providers specific to target member and UCC service areas. Continuous award is based on satisfactory progress.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The amount of award: Approximately \$84,000. The availability of funds for this grant is contingent on federal appropriation from the Bureau of Primary Health Care for Community Development activities.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

New Jersey Primary Care Association

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Ability to coordinate the development and expansion of primary health care delivery system capacity with members and UCC cities. Knowledge of Division of Shortage Designation regulations and guidance.

APPLICATION PROCEDURES:

1. Contact the Office of Director.
2. Submit a Letter of Intent to program.
3. Prepare Grant Application.

FOR INFORMATION CONTACT:

Office of Director
Maternal, Child, and Community Health Services
50 E. State Street
P.O. Box 364
Trenton, NJ 08625 -0364

TELEPHONE: (609) 292-3020

FAX: (609) 292-3580

E-MAIL: linda.anderson@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Application to be received by January 1.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicant will be notified by March 1 for grants starting April.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Healthcare Facility Preparedness Program

STATUTORY AUTHORITY:

P.L. 107-188, Section 319C-1 of the Public Health Service Act (42 U.S.C. 247d-3a)

GRANT PROGRAM NO. 05-27-HBT

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To upgrade the preparedness of New Jersey healthcare facilities, public health agencies that support healthcare facilities and pre-hospital responders to respond to bioterrorism and other health emergencies and to allow them to develop regional plans and operations that will be used to respond to bioterrorism and other health emergencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$10 million should be available in State Fiscal Year 2005. Awards should begin on August 31, 2004 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

FOR INFORMATION CONTACT:

New Jersey Department of Health & Senior Services
Division of Health Emergency Preparedness & Response
PO Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-3509

FAX: (609) 943-5116

E-MAIL: david.gruber@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Healthcare Facility Preparedness
(Medprep)

STATUTORY AUTHORITY:

Annual Appropriation Bill

GRANT PROGRAM NO. 05-26-HBT

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To upgrade the preparedness of New Jersey healthcare facilities, public health agencies that support healthcare facilities and pre-hospital responders to respond to bioterrorism and other health emergencies and to allow them to develop regional plans and operations that will be used to respond to bioterrorism and other health emergencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$5 million should be available in State Fiscal Year 2005. Awards should begin on July 1, 2004 and will be for a twelve-month period. The funding estimate may vary and is subject to state and federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Healthcare facilities, including acute care (general) hospitals, long term care facilities and federally qualified health centers; associations that represent healthcare facilities; designated LINCS health agencies; emergency medical services agencies.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

FOR INFORMATION CONTACT:

New Jersey Department of Health & Senior Services
Division of Health Emergency Preparedness & Response
P.O. Box 360
Trenton, NJ 08625-0360

TELEPHONE: (609) 292-3509

FAX: (609) 943-5116

E-MAIL: david.gruber@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

This information will be included in the formal request for application. Agency will be notified one month prior to budget period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Local Core Capacity Infrastructure for
Bioterrorism Preparedness

STATUTORY AUTHORITY:

P.L. 2001, Chapter 246 C APP A:9-64-77
PHS 301 (A), 317 (K) (1) (2), 319,
42 USC 241 (A)

GRANT PROGRAM NO. 05-29-BT

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To upgrade Local Information Network and Communications System (LINCS) Agencies' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and public health threats and emergencies.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$12 million will be available in State Fiscal Year 2005 to fund up to 22 LINCS agencies. The awards will begin on August 31, 2004, and cover a twelve month budget period. The funding estimate may vary and is subject to state and/or federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Eligibility is limited to local health departments or county environmental health agencies designated by the New Jersey Department of Health and Senior Services (NJDHSS) as LINCS agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Must be a local health department or county environmental health agency designed as a LINCS agency, and under the direction of a full-time licensed health officer employed by the health agency. Must have a record of satisfactory performance in LINCS program activities as determined by the NJDHSS.

APPLICATION PROCEDURES:

Complete and submit all required NJDHSS health service grant documents.

FOR INFORMATION CONTACT:

Project Manager, NJLINCS Project
New Jersey Department of Health & Senior Services
Division of Local Public Health Practice
And Regional Systems Development
P.O. Box 360, 7th Floor
Trenton, NJ 08625-0369

TELEPHONE: (609) 292-4993

FAX: (609) 292-4997

E-MAIL: laurie.pyrch@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Application must be submitted by: Varies by grant, information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Date by which applicant must be notified of grant award: usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Health Programs for Refugees

STATUTORY AUTHORITY:

Immigration and Nationality Act

Section 412 (B) (5)

GRANT PROGRAM NO. 05-30-RHP

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival to identify and test infectious diseases of public health concern, identify and provide referral or treatment of chronic health conditions, and to introduce arrivals into the US healthcare system.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$70,000 should be available for State Fiscal Year 2005 to fund seven awards to Federally Qualified Health Centers. Each award begins on July 1, 2004 and will be for a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Licensed Medical Practitioners capable of third party billing to New Jersey Medicaid.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Federally Qualified Health Centers capable of providing culturally sensitive and linguistically appropriate health exams to the newly arrived refugee populations resettled in New Jersey.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services grant application.

FOR INFORMATION CONTACT:

Program Manager, Infectious and Zoonotic Disease Program

New Jersey Department of Health & Senior Services

Communicable Disease Service

P.O. Box 369

Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7500

FAX: (609) 588-3894

E-MAIL: Christine.Armenti@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant, information included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Immunization Registry Marketing, Education, and Training

GRANT PROGRAM NO. 05-31-IMM**STATUTORY AUTHORITY:**

Public Health Service Act as Amended

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue supporting a currently funded immunization registry education and marketing outreach effort to New Jersey medical providers to increase their enrollment and use of the NJIIS Immunization Registry. To provide training to medical providers on the use of the NJIIS application and reports.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds in the amount of \$245,000 may be available in Federal Fiscal Year 2005, to fund up to seven grantees, for approximately \$35,000 each. It is expected that the awards will be granted beginning January 1, 2005 ending December 31, 2005. Funding may vary from these estimates and is subject to availability or state and federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Maternal and Child Health Consortia entities in the seven regions of New Jersey to provide NJIIS marketing, education, and training to NJ medical providers.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The applicant must demonstrate a history or the ability to provide creative and effective culturally, ethnically and linguistically appropriate services in appropriate locations where immunizations are administered to the children of New Jersey.

APPLICATION PROCEDURES:

Complete and submit a NJ DHSS services Grant Application

FOR INFORMATION CONTACT:

Chief, Vaccine Preventable Disease Program
Division of Epidemiology, Environmental & Occ Hlth Svc
PO Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7520**FAX:** (609) 588-3642**E-MAIL:** katherine.aquino@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Minority Immunization Outreach and Education

STATUTORY AUTHORITY:

PHS Act, Sec. 1904, USC 300w-3

GRANT PROGRAM NO. 05-32-IMM

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue supporting currently funded immunization outreach and education grantees to increase childhood immunization levels among racial/ethnic minorities and medically underserved populations in Asbury Park, New Brunswick, Vineland and Newark.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately up to \$325,000 may be available in Federal Fiscal Year 2005 for continuation funding. It is expected that the average award will be approximately \$80,000. Awards will be granted beginning January 1, 2005 and ending December 31, 2005. Funding may vary from these estimates and is subject to availability of State and Federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Community-based non-profit organizations currently funded by the New Jersey Department of Health and Senior Services to provide immunization outreach and education services in Asbury Park, New Brunswick, Vineland and Newark.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The applicant must demonstrate a history or the ability to provide creative and effective culturally, ethnically and linguistically appropriate services in locations in close proximity to the target population(s), and an understanding and background knowledge of the health needs of racial/ethnic minorities and medically underserved populations.

APPLICATION PROCEDURES:

Prepare and submit a Grant Application.

FOR INFORMATION CONTACT:

Chief, Vaccine Preventable Disease Program
Division of Epidemiology, Environmental & Occ Hlth Svc
PO Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7520

FAX: (609) 588-3642

E-MAIL: katherine.aquino@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Pilot Spay/Neuter Clinic

STATUTORY AUTHORITY:

Public Law 1983, Chapter 180, P.L. Chapter 181;
P.L. 1989, Chapter 93

GRANT PROGRAM NO. 05-33-APC

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To operate a low cost spaying and neutering clinic in compliance with all program specifications and those requirements as defined by Public Laws 1983, c 180, 181, and Public Law 1989, c. 93.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State Appropriations of revenues generated by annual dog license surcharges. Approximately \$95,000 will be available in State Fiscal Year 2005 to the Pilot Clinic Spay Neuter Clinic. Contact individual identified on this form to determine whether the funds have been awarded.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

This is a pilot project. Therefore, a noncompetitive continuation grant will be awarded.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. Non-profit agency.
2. Located in a service area having a high relative need for a low cost spaying and neutering service.
3. Reasonable plan for a community educational program with a full-time clinic director and a full-time bookkeeper.

APPLICATION PROCEDURES:

Agencies applying for grant funds must complete an application for Grant and submit to the office listed below. However, at this time, the grant is designated pilot. Therefore, it is for a noncompetitive continuation grant.

FOR INFORMATION CONTACT:

Program Manager, Infectious and Zoonotic Disease Program
New Jersey Department of Health & Senior Services
Communicable Diseases Service
P.O. Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609)588-3121

FAX: (609) 588-3894

E-MAIL: christina.tan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Application must be submitted by April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually two (2) months prior to funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Cooperative Agreement to Prevent Lyme Disease in
Humans in the United States

STATUTORY AUTHORITY:

Public Hlth. Serv. Act, Sec. 301, 42 USCA,
Sec. 241 as amended & Pub. Hlth. Serv., Sec. 317,
42 USCA, Sec. 247B as amended

GRANT PROGRAM NO. 05-35-LYM

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To develop the most efficient control and prevention strategy for Lyme disease in New Jersey.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$460,000 should be available in State Fiscal Year 2005 to fund two awards. The award will begin on March 15, 2005 and will be for a twelve month budget period. The funding estimate may vary and is subject to federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Funding is limited to local health departments and mosquito commissions located within the hyperendemic Lyme disease areas of New Jersey and educational institutions such as colleges and universities which provide training in environmental health sciences.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Must be a local health department or mosquito commission with proven experience providing environmental health and epidemiological surveillance and research. The educational institution must be accredited, offering programs in a health related field recognized by the New Jersey Department of Education.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

FOR INFORMATION CONTACT:

Program Manager, Infectious and Zoonotic Disease Program
New Jersey Department of Health & Senior Services
Communicable Diseases Service, P.O. Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7500

FAX: (609) 588-7433

E-MAIL: Christina.Tan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant, information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Cooperative Agreement for Research on the Ecology
of Lyme Disease in the United States

STATUTORY AUTHORITY:

Public Hlth. Serv. Act, Sec. 301, 42 USCA,
Sec. 241 as amended & Pub. Health. Serv., Sec. 317,
42 USCA, Sec. 247B as amended

GRANT PROGRAM NO. 05-34-LYM

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To study the ecology of Lyme disease in New Jersey.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$373,000 should be available in State Fiscal Year 2005 to fund one award. The award will begin on February 15, 2005 and will be for a twelve month budget period. The funding estimate may vary and is subject to federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Funding is limited to local health departments and mosquito commissions located within the hyperendemic Lyme disease areas of New Jersey and educational institutions such as colleges and universities which provide training in environmental health sciences.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Must be a local health department or mosquito commission with proven experience providing environmental health and epidemiological surveillance and research.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a Grant.

FOR INFORMATION CONTACT:

Program Manager, Infectious and Zoonotic Disease Program
New Jersey Department of Health & Senior Services
Communicable Diseases Service, P.O. Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7500

FAX: (609) 588-7433

E-MAIL: Christina.Tan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant, information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Sexually Transmitted Disease

STATUTORY AUTHORITY:

State Appropriation Act (Pblc. Lw. 1994, Chptr. 67)

GRANT PROGRAM NO. 05-36-STD

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To augment existing Sexually Transmitted Disease clinical services, such as improved diagnostic functions and to perform intervention and prevention activities.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$298,000 should be available in State Fiscal Year 2005 to fund five or six awards. Awards will be made for a twelve-month period beginning July 1, 2004. Funding estimates may vary and are subject to State and Federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Applicants are accepted from local health departments or hospital-based clinics that have a written agreement with the local health department to provide sexually transmitted disease clinical services.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The agency must have an existing sexually transmitted disease clinic which provides services to 1,000 or more cases of gonorrhea or a city having a population of at least 75,000 which reported at least 10 cases of syphilis and 114 cases of gonorrhea during CY 2002.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services Application for a Grant.

FOR INFORMATION CONTACT:

Program Manager, STD Program
New Jersey Department of Health and Senior Services
Communicable Disease Service
P.O. Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7526

FAX: (609) 588-7462

E-MAIL: jerry.carolina@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies. Information will be included in formal request for application

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Program to Increase Immunization Levels
Among Inner City Preschool –aged Children

GRANT PROGRAM NO. 05-22-IMM**STATUTORY AUTHORITY:**

Public Health Service Act as Amended

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue support to selected local and state initiatives to substantially increase immunization levels among inner city or other high risk areas for preschool-aged children. The majority of funds are intended to be allocated for increasing vaccine service delivery and ensuring a strong follow-up component both in traditional and non-traditional medical settings in normal and epidemic times; some funds may be used for related immunization assessment, outreach, and information/education activities.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$900,000 may be available in Federal Fiscal year 2005 to fund 1-2 awards. Awards will begin on January 1, 2005 and will be for a 12 month budget period. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactory will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local governmental entities, State agencies, non-profit corporations, licensed ambulatory care facilities and hospitals, and primary care centers in New Jersey which provide services in urban settings.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Experience with Community Health and pediatric preventive care issues in highly urbanized areas of New Jersey. Ability to provide immunization services at a variety of sites and also in non-traditional medical settings in targeted areas of need. Must be a medically licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrate ability in working with other state and local programs operating within a geographical area and within the local health jurisdiction.

APPLICATION PROCEDURES:

Prepare and submit a Grant Application.

FOR INFORMATION CONTACT:

Chief, Vaccine Preventable Disease Program
Division of Epidemiology, Environmental & Occ Hlth Svc
PO Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7520**FAX:** (609) 588-3642**E-MAIL:** katherine.aquino@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Varies by grant.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Tobacco Age-of-Sale Enforcement

STATUTORY AUTHORITY:

C.26:3A2-20-1

GRANT PROGRAM NO. 05-8-ADA

TYPE OF AWARDS TO BE ISSUED:

Performance-based Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Grants provided to local health agencies to enforce New Jersey's law prohibiting the sale of tobacco products to youth under the age of 18. Grantees will conduct unannounced compliance check inspections of retail tobacco merchants and will provide follow-up activities.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is expected that \$492,000 will be available for these services. Available funds apportioned based on the number of retail tobacco license fees collected by New Jersey Department of Treasury. Grants are expected to be executed for a twelve month period.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local health departments.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must file a "Notice of Intent to Participate," which is available from the individual listed below.

APPLICATION PROCEDURES:

Contact the Tobacco Age-of-Sale-Enforcement Program and file a "Notice of Intent to Participate."

FOR INFORMATION CONTACT:

Harry Reyes

Prevention Services-TASE

Division of Addiction Services

PO Box 362

Trenton, NJ 08625-0362

TELEPHONE: (609) 984-3315

FAX: (609) 984-3346

E-MAIL: Harry.Reyes@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

"Notice of Intent to Participate" will be accepted throughout the year. Applicants will be notified of grant amount by February 2005.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification date will be included in the RFA.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Tobacco Control Prevention and Education Serv
PHS Title IV, Part,
P.L. 78-410, as amended by

STATUTORY AUTHORITY:

P.L. 99-158, 42USC24H 285, P.L. 2002 C 43

GRANT PROGRAM NO. 05-9-ADA

TYPE OF AWARDS TO BE ISSUED:

Performance-based Grants
Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Grants will be awarded to agencies to provide services designed to: decrease the acceptability of tobacco use among all populations; decrease the initiation of tobacco use by youth under 18 years of age and those 18-24 years of age; to increase the number of youth and adult tobacco users who initiate treatment; to decrease exposure to environmental tobacco smoke, reduce disparities related to tobacco use and its effects among different population groups.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

An estimated \$10 million may be available to fund these services.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

1. Not-for-profit agencies, education institutions, governmental agencies, hospitals and other licensed health care facilities. Entities affiliated with the tobacco industry are not eligible for funding. 2. Applicants must meet the programmatic standards established by the Division of Addiction Services. 3. Applicants with a successful history of providing services will be given preference.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated history in developing and providing tobacco control other health related prevention and education services. Depending on grant, demonstrated ability to build appropriate community-wide, county-wide and regional coalitions.

APPLICATION PROCEDURES:

1. Contact the office below for instructions. 2. Applicants may be asked to submit a 2-page concept paper describing proposed activities including tentative budget. 3. Based on funding availability for new projects, a request for proposals (RFP) will be published by the Program and distributed to all eligible entities and agencies/individuals who have requested funding.

FOR INFORMATION CONTACT:

Fran Miceli
Division of Addiction Services
P.O. Box 362
Trenton, NJ 08625-0362

TELEPHONE: (609) 292-4414
FAX: (609) 984-3346
E-MAIL: Frances.Miceli@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Concept papers may be submitted any time during the year. The specific deadline for submission and date of notification will be published in a RFP.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification date will be included in the RFA.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Tuberculosis Control-Ambulatory Care Services

STATUTORY AUTHORITY:

Public Health Services Act, Section 301 (A),
Page 43, Section 317 (A10, page 72-75; State
Appropriations Act [Public Law 1994, Chapter 67])

GRANT PROGRAM NO. 05-37-TB

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide clinical care, treatment, nursing case management and outreach services to TB cases, suspects and their associated contacts for a defined group of local health jurisdictions.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$3,000,000 in funds should be available in the 2005 grant year. Awards will be made for a 12-month budget period beginning July 1, 2004 or January 2005. Funding estimates will vary and are subject to State and Federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local health departments and/or private hospitals proposing to provide outpatient clinical care, treatment per established guidelines, nursing case management and patient outreach services (optional if provided locally by formal agreement with referring jurisdictions) under the designation of a New Jersey Department of Health and Senior Services TB chest clinic site.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The areas to be served must, during the three previous calendar years, either be (1) a county with an average of 45 or more verified publicly managed TB cases or (2) serve a multi-county region with an average of 45 or more publicly managed verified TB cases.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

FOR INFORMATION CONTACT:

Manager, Tuberculosis Program
New Jersey Department of Health and Senior Services
P.O. Box 369
Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7522

FAX: (609) 588-7562

E-MAIL: thomas.privett@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Varies. Information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Tuberculosis Control-Case Management Assistance

STATUTORY AUTHORITY:

Public Health Services Act, Section 301 (A), Page 43

GRANT PROGRAM NO. 05-28-TB

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide the availability of appropriate incentives and enablers to assist in the case management of TB cases, suspects and their associated contacts to local health jurisdictions statewide to improve performance against stated objectives. To provide scholarships/sponsorship/credentialing for the education and training of physicians, nurses and ancillary staff working with TB patients throughout New Jersey.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$100,000 in funds should be available in the 2005 grant year. Awards will be made for a 12-month budget period beginning January 1, 2005. Funding estimates will vary and are subject to state and federal appropriations.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-profit, non-governmental organizations with credibility in the field of tuberculosis education, training, prevention and control.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The willingness and ability to solicit and provide a wide array of incentives and enablers to a diverse patient population throughout New Jersey and to maintain effective accounting and control measures to ensure appropriate utilization in the local health jurisdictions. The demonstrated ability to coordinate credentialed education and training for health professionals throughout New Jersey.

APPLICATION PROCEDURES:

Complete and submit a New Jersey Department of Health and Senior Services application for a grant.

FOR INFORMATION CONTACT:

Manager, Tuberculosis Program

New Jersey Department of Health and Senior Services

P.O. Box 369

Trenton, NJ 08625-0369

TELEPHONE: (609) 588-7522

FAX: (609) 588-7562

E-MAIL: thomas.privett@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Varies. Information will be included in formal request for application.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Usually one month prior to the funding period.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Alzheimer's Adult Day Services

STATUTORY AUTHORITY:

New Jersey Statute 26:2M-9 et seq

GRANT PROGRAM NO. 05-51-GER

TYPE OF AWARDS TO BE ISSUED:

Letters of Agreement - Fee for Service

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide structured, supervised adult day services for persons with limited financial resources who have a diagnosis of Alzheimer's disease or a related dementia; to provide counseling, referral and education to support caregivers.

(The full name of the program is the Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders.)

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Approximately \$2.4 million should be available in Fiscal Year 2005 to reimburse 55-60 agencies/sites. Services for eligible clients are reimbursed under the terms of the agency's letter of agreement. Agencies that currently have letters of agreement for these activities and who have performed satisfactorily will be given first priority for funding. Legislation requires reimbursement be no more than 75%.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Existing agencies that offer adult day services for persons with covered forms of dementia. Priority is given to currently approved programs and new applicants in underserved areas of the State.

QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:

1. Ability to meet the nursing, psychosocial and recreational needs of persons in middle to late stages of dementia.
2. Ability to provide a safe, therapeutic milieu.
3. Ability to offer supportive services and education for caregivers.

APPLICATION PROCEDURES:

Determine from the Program Support and Data Management unit, that funds are available. Request application. Submit completed application to the Program Support and Data Management unit by deadline specified.

FOR INFORMATION CONTACT:

Elizabeth S. Vosskaemper, Grants Administrator
Program Support and Data Management
NJDHSS - Division of Senior Affairs

TELEPHONE: (609) 943-3475

FAX: (609) 943-3467

E-MAIL: elizabeth.vosskaemper@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

When funds allow, submission of application is ongoing for new applicants.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

New applicants are notified within three months of submission of application.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Congregate Housing Services Program

STATUTORY AUTHORITY:

P.L. 1981, Chapter 553 A 3626

N.J.A.C. 5:70 1.1 et seq.

GRANT PROGRAM NO. 05-53-CHP

TYPE OF AWARDS TO BE ISSUED:

Letters of Agreement with Cost-reimbursement/
fee for service

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide supportive services (i.e. one nutritionally balanced meal daily in a family style setting, housekeeping and personal assistance) to frail, low-income elderly persons residing in subsidized housing facilities; to provide financial assistance to those persons who are in need of basic services but cannot afford the cost of such services.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grant awards range from approximately \$15,000 to \$230,000 from the State Appropriation and Casino Revenue Fund. There is also a participant contribution based on a co-pay scale as well as an optional grantee contribution.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Subsidized housing agencies interested in assisting elderly residents in need of supportive services.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Qualified housing agencies are non-profit or limited divided housing sponsors, owners, entities, or individuals, or municipalities, counties, or public authorities maintaining or operating a congregate housing facility under a federal low or moderate income housing program, under a NJHMFA program or under other programs for low and moderate income occupancy. Preference will be given to current recipients of Congregate Housing Services Program grants.

APPLICATION PROCEDURES:

Submit a Letter of Interest delineating the need and proposed method of implementing congregate dining and the delivery of supportive services in the subsidized building(s). Then, based on the availability of funds, a request for proposal (RFP) will be released by the Department to eligible candidates.

FOR INFORMATION CONTACT:

Amy Ancharski, Administrator
Congregate Housing Services Program
Division of Aging Community Services
P.O. Box 807
Trenton, NJ 08625-0807

TELEPHONE: (609) 633-8549

FAX: (609) 943-4981

E-MAIL: amy.ancharski@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letters of Interest are accepted throughout the year.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Specific deadlines will be released along with the RFP.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Volunteer Advocate Program

STATUTORY AUTHORITY:

Title VII of Older American Act

GRANT PROGRAM NO. 05-56-PAS

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The purpose of this grant is to provide advocacy functions necessary to maintain the health, safety and welfare of elderly (60 years of age or older) residents of long term care facilities in the northern counties of the State, specifically, Region I (Essex, Hudson, Morris & Union counties) and Region II (Bergen, Passaic, Sussex, Warren, Somerset and Hunterdon counties); to promote their civil and human rights; to promote linkages with appropriate service providers and facilitate problem resolution on behalf of clients who are unable or unwilling to advocate for themselves.

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Approximately \$80,000 should be available in FY 2004 to fund two awards. It is expected that the average award will be \$40,000 for each regional program. Awards will begin on January 1, 2004 and will be made for a 12 month period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved project period will be based on satisfactory progress and availability of funds. Applicants currently receiving Health Service Grants for this function and have performed satisfactorily will be given first priority for continued funding.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Local Government agencies, private and public not-for-profit agencies, and community-based agencies. Preference will be given to current recipients of Health Service Grants.

QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:

Agencies applying for Title VII funds must be public agencies or private not-for-profit (501C3).

APPLICATION PROCEDURES:

1. Contact Department of Health & Senior Services, Office of the Ombudsman for the Institutionalized Elderly for information regarding availability of grant awards.
2. Based on funding availability, Letter of Intent should be submitted to the Office of the Ombudsman, with brief description of proposed project proposal for regional provider counties referenced above.
3. Prepare Health Service Grant Application.

FOR INFORMATION CONTACT:

Joann Cancel, Program Coordinator
Department of Health & Senior Services – DOA & CS
Ombudsman for the Institutionalized Elderly
P.O. Box 807
Trenton, NJ 08625-0807

TELEPHONE: (609) 943-4022

FAX: (609) 943-3479

E-MAIL: joann.cancel@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Letter of Intent due by December 5, 2003 for January 1, 2004 grants.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified within two weeks from submission of Letter of Intent, or December 19, 2003.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Services
Case Management

GRANT PROGRAM NO. 05-57-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-37; Title 26:2H-1
The Health Care Facilities Planning Act
N.J.S.A. 26:2-60; N.J.S.A. 9:13 et seq.

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide partial support to twenty-one (21) existing Special Child Health Services Case Management Units. To assure that children with special health needs will have their care coordinated, and that parents receive assistance in addressing the needs of their children.

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State or Federal appropriations. It is expected that 21 county grants will be supported. Approximately \$2,500,000 is awarded annually.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Funding is limited to one case management unit in each county selected jointly by the County Board of Chosen Freeholders and Special Child Health Services.

QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR THE GRANT:

Must be a private non-profit or government agency with proven experience serving the special health needs of physically handicapped or chronically ill children. Must be able to provide services on a county-wide basis. Preference will be given to continuation of existing applicants who have performed satisfactorily.

APPLICATION PROCEDURES:

Grants are offered as partial support to existing SCHS Case Management Units, process is non-competitive.

FOR INFORMATION CONTACT:

Pauline Lisciotto
Special Child, Adult and
Early Intervention Services
PO Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 777-7778**FAX:** (609) 292-3580**E-MAIL:** Plisciotto@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Application deadline is April 1, for funding July 1.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award will be made on or about May 15.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Serv.
Child Evaluation Centers

GRANT PROGRAM NO. 05-58-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60 Title V of the Social Security
Act, Maternal and Child Health Block Grant

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital or acquired neurodevelopmental disorders including communication, learning and behavioral disorders.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent on State and Federal appropriations as well as some Casino funds. Approximately \$2 million is expected to be available to support 11 centers.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission Accreditation of Healthcare Organization.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicant must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

APPLICATION PROCEDURES:

Agencies will receive continuation applications on or before March 14, 2004.

FOR INFORMATION CONTACT:

Elizabeth K. Collins
Special Child, Adult and Early Intervention Services
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 777-7778**FAX:** (609) 292-3580**E-MAIL:** Elizabeth.Collins@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications deadline is April 17, 2004.

APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award will be made on or about May 19, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Chronic Disease Prevention Services

STATUTORY AUTHORITY:

Public Health Svc. Act XIX Block Grants, Part A,
PHHS Block Grant, Section 1905, amended 1992

GRANT PROGRAM NO. 05-69-CD

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To implement chronic disease prevention related activities at the county/regional level including awareness raising activities for the general public, people with or at risk of chronic disease and providers.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$200,000 should be available to fund one to two awards. Award will be for a one year budget period and a 3 year project period.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:

Agencies may be health departments, hospitals, home health agencies, community-based organizations.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Depending on the nature of the services to be provided, applicants may need to have specialized staff such as diabetes educators, health educators, evaluators, ophthalmologists etc.

APPLICATION PROCEDURES:

Request for Application information will be mailed to targeted agencies six to eight weeks prior to due date. Applications are reviewed and grants, and/or letters of agreement are awarded based upon amount of funds available.

FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.
Division of Family Health Services
50 East State Street
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 984-6137

FAX: (609) 292-9288

E-MAIL: Elizabeth.Solan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be submitted by April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Chronic Renal Services

STATUTORY AUTHORITY:

N.J.S.A. Title 26:2-87

GRANT PROGRAM NO. 05-59-CR

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$373,000 should be available in SFY2004 to fund one award. It is expected that the award will begin on or about July 1, 2004, and will be made for a 12 month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Organization which has experience in providing financial assistance for qualified dialysis patients needing select medications and nutritional supplements to licensed New Jersey Renal Dialysis Centers.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Ability to administer a web based system of reimbursement.

APPLICATION PROCEDURES:

Contact Department's official designee listed below and request the Application for Grant.

FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

50 East State Street

P.O. Box 364

Trenton, NJ 08625-0364

TELEPHONE: (609) 984-6137

FAX: (609) 292-9288

E-MAIL: Elizabeth.Solan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are due by April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult & Early Intervention Services
Diabetes Prevention and Control Program

GRANT PROGRAM NO. 05-60-DCP**STATUTORY AUTHORITY:**

Public Health Service Act XIX Block Grants, Part A
Preventive Health and Health Services Block Grant

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To implement diabetes related activities at the county/regional level including awareness raising activities for the general public, people with diabetes and providers.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$117,520 should be available to fund one award. The award will be for a one year budget period with a three-year project period.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Agencies may be health departments, hospitals, federally qualified health centers, home health agencies and community-based organizations.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Depending on the nature of the services to be provided, applicants may need to have specialized staff such as diabetes educators, communication specialists, health educators, evaluators, etc.

APPLICATION PROCEDURES:

Request for Application information will be mailed to targeted agencies six to eight weeks prior to due date. Applications are reviewed and grants and/or letters of agreement are awarded based upon the available funding.

FOR INFORMATION CONTACT:

Mary Ann Reiter
New Jersey Department of Health and Senior Services
P.O. Box 364
Trenton, New Jersey 08625

TELEPHONE: (609) 984-6137**FAX:** (609) 292-9288**E-MAIL:** maryann.reiter@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Request for Application will be mailed to targeted agencies six to eight weeks prior to the due date. Applications are reviewed and grants and/or letters of agreement are awarded based upon available funding.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applications must be submitted by April 1, 2004. Applicants will be notified of funding approval by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Early Intervention System
Special Child, Adult & Early Intervention Svs.

GRANT PROGRAM NO. 05-61-EIP**STATUTORY AUTHORITY:**

P.L. 105-117 (Part C of IDEA)
and P.L. 1993, Chapter 309

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants or Letters of Agreement

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide support for a statewide network of early intervention services for developmentally delayed/disabled children birth to three and their families.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this activity are contingent upon state and federal appropriations. Approximately \$66,000,000 should be available for fund Regional Early Intervention Collaboratives and direct providers of early intervention services. Continuation awards within an approved project period will be based on satisfactory performance and will affect the amount of funds available for new competitive grants.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.
4. Federal Part C Regulations.

GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:

For-profit or not-for-profit corporation, government agency, hospital, school, college, or university.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. Demonstrated ability and capacity to meet the programmatic requirements.
2. Certified financial audit, for the most recent completed fiscal year, by an independent auditor.
3. Demonstrated successful experience in providing direct services to infants/toddlers birth to three with developmental delay and their families.

APPLICATION PROCEDURES:

Submit a completed "EIP Inquiry Form" and as appropriate submit an enrollment package for consideration. A description of the enrollment process and "EIP Inquiry Form" is available at www.state.nj.us/health/fhs/eiphome.htm. Based on funding availability for new projects, a formal request for application will be published by the program. If requested in the RFA, submit a Letter of Intent to Apply, preliminary cost summary, and a preliminary personnel summary to the Office of the Part C Coordinator (see below). Submit grant application in accordance with the requirements in the formal request for application, an audited financial statement, and opinion by an independent certified auditor.

FOR INFORMATION CONTACT:

Terry Harrison
Early Intervention System
P.O. Box 364
Trenton, NJ 08526-0364

TELEPHONE: (609) 777-7734**FAX:** (609) 292-0296**E-MAIL:** Terry.Harrison@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

The schedule can vary by type of grant. Schedules will be included in the various requests for application. Typically, the schedule is as follows: RFAs are released prior to March; Application deadline is 30 days after release of RFA.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Svcs
Hemophilia Services

STATUTORY AUTHORITY:

N.J.S.A. 26:2-90

GRANT PROGRAM NO. 05-62-SCH

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue partial support to currently funded regional treatment programs for hemophilia patients residing in New Jersey and to provide partial support for the purchase of health insurance policies for New Jersey residents with hemophilia on home care/self-infusion treatment.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is expected that approximately \$980,000 will be available in SFY 2005 to support the SCAEIS statewide network of four regional hemophilia treatment programs and one health insurance grant.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:

A portion of these funds are granted to the Hemophilia Association of New Jersey as a sole source grant for the purchase of health insurance policies. New Jersey medical schools and public or private non-profit hospitals with experience in caring for those with hemophilia in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must be capable of meeting criteria established by the program, which are available on request from the address listed below.

APPLICATION PROCEDURES:

Applications for continuation of existing Health Service Grants will be mailed by the Department on or about March 15, 2004.

FOR INFORMATION CONTACT:

Barbara L. Hall
Special Child, Adult and Early Intervention Services
PO Box 364
Trenton NJ 08625-0364

TELEPHONE: (609) 292-1582

FAX: (609) 943-5752

E-MAIL: barbara.hall@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Continuation applications must be received by April 19, 2004 for funding to begin July 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notice of recommendation of award will be made on or about May 23, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Huntington's Disease Services Program

STATUTORY AUTHORITY:

P.L. 1987, Chapter 390

GRANT PROGRAM NO. 05-63-HD

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To contract with a medical school to provide pre-symptomatic testing for Huntington's Disease, intensive counseling for Huntington's Disease victims and their families, and the provision of educational services to professionals and family members.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

The availability of funds for this program is contingent on appropriation of funds to the department. Contact the person identified on this form to determine whether the funds have been awarded and to receive further information.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:

New Jersey medical schools with documented experience in counseling clients with Huntington's Disease and their families.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Documented experience in counseling clients with Huntington's Disease and their families, and previous working relationship with the NJ Chapter of the Huntington's Disease Society of America.

APPLICATION PROCEDURES:

Submission of completed Application for Grant.

FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

P.O. Box 364, 50 East State Street

Trenton, NJ 08625-0364

TELEPHONE: (609) 984-6137

FAX: (609) 292-9288

E-MAIL: Elizabeth.Solan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are due by April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Svcs
Newborn Biochemical Screening Follow-Up Services

GRANT PROGRAM NO. 05-64-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1; Title V of the
Social Security Act, MCH Block Grant

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To continue partial support to regional agencies providing pediatric specialty care for infants and children with chronic illnesses who are identified through newborn biochemical screening or are diagnosed later with a chronic illness to ensure access to confirmatory testing, comprehensive treatment and counseling services and professional, patient and community education/information.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is expected that approximately \$1.9 million will be available in SFY 2005 to support the SCAEIS statewide network of biochemical genetics laboratories, genetic counseling services and pediatric specialty centers serving children with low incidence conditions such as cystic fibrosis, sickle cell disease, inherited metabolic disorders, inherited endocrine disorders and other genetic disorders.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES THAT MAY APPLY FOR THE GRANT PROGRAM:

New Jersey medical schools and public or private non-profit hospitals with experience in caring for those with inherited disorders identified through the newborn biochemical screening program in New Jersey. Preference will be given to continuation applicants who have performed satisfactorily.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must be capable of meeting criteria established by the program, which are available on request from the address listed below.

APPLICATION PROCEDURES:

Requests for new applications for grants relating to the sickle cell diseases/hemoglobinopathies will be released on or about March 3, 2004. Applications for continuation of existing Health Service Grants will be mailed by the Department on or about March 15, 2004.

FOR INFORMATION CONTACT:

Barbara L. Hall
Special Child, Adult and Early Intervention Services
PO Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 292-1582**FAX:** (609) 943-5752**E-MAIL:** barbara.hall@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received by April 19, 2004 for funding to begin July 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notice of recommendation of award will be made on or about May 23, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Serv.
N.J. Statewide Family Centered HIV Care Network

STATUTORY AUTHORITY:

Public Health Service Act, Sec. 2671 42USC300
P.L. 101-381 Ryan White Title IV

GRANT PROGRAM NO. 05-65-SCH**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide comprehensive, culturally sensitive, coordinated care for infants, children, youth, women and families with HIV infection. Family referrals are made to appropriate medical and community-based care organizations. This will assure access to medical and social services for families without adequate resources.

AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State or Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public and private non-private hospitals, health care agencies with experience in managing HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

APPLICATION PROCEDURES:

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

FOR INFORMATION CONTACT:

Jane Caruso
Special Child, Adult and Early Intervention Services
PO Box 364 Trenton, NJ 08625-0364

TELEPHONE: (609) 292-1078**FAX:** (609) 292-9288**E-MAIL:** Jane.Caruso@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Application deadline is May 1, for funding August 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award will be made on or about July 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Child, Adult and Early Intervention Serv.
Pediatric Tertiary Services

GRANT PROGRAM NO. 05-66-SCH**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A. 26:5B-1, Title V of the
Social Security Act, MCH Block Grant

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide partial support to regional agencies providing pediatric subspecialty care for infants and children with chronic illness or severe disabilities, to assure access for children with special needs, especially those without adequate resources.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

It is expected that approximately \$1.6 million will be available in SFY 2005 to support the SCAEIS statewide network of pediatric subspecialty centers and centers to provide comprehensive care for children with cleft lip/palate and craniofacial anomalies.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public or private non-profit hospitals licensed in New Jersey. Priority will be given to existing regional agencies.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

APPLICATION PROCEDURES:

An application packet for a continuation of existing grants will be mailed by the Department on or before March 14, 2004.

FOR INFORMATION CONTACT:

Elizabeth K. Collins
Special Child, Adult and Early Intervention Services
PO Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 777-7778**FAX:** (609) 292-3580**E-MAIL:** Elizabeth.Collins@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received no later than April 15, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Notification of award will be made on or about May 19, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Pharmaceutical Services for Adults with Cystic Fibrosis

STATUTORY AUTHORITY:

P.L. 1989, Chapter 270

GRANT PROGRAM NO. 05-67-SCH

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-200 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$280,000 should be available. Continuation award will be made based on satisfactory performance and availability of funds.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Organizations which have experience in providing financial assistance and direct services to persons with Cystic Fibrosis and who have the capability of administering State funds.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

APPLICATION PROCEDURES:

Contact Department's official designee listed below and request the Application for Grant.

FOR INFORMATION CONTACT:

Elizabeth Solan, R.N., M.P.H.

Division of Family Health Services

P.O. Box 364, 50 East State Street

Trenton, NJ 08625-0364

TELEPHONE: (609) 984-6137

FAX: (609) 292-9288

E-MAIL: Elizabeth.Solan@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications are due by April 1, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified regarding funding by June 15, 2004.

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

Special Supplemental Nutrition Program for Women
Infants and Children (WIC)

STATUTORY AUTHORITY:

Childhood Nutrition Act of 1966, as amended
And WIC Federal Regulations 7 CFR Part 246

GRANT PROGRAM NO. 05-68-WIC

TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To improve the nutrition and health status of eligible pregnant and lactating women and eligible children; encourage the utilization by each WIC participant of available health and social services; promote breastfeeding among all eligible lactating women; and provide fresh fruits and vegetables to eligible WIC women and children.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$14,000,000 should be available in federal fiscal year 2005 to fund 22 awards. It is expected that the average award will be \$565,000, ranging from \$43,000 to \$1,600,000. Awards will begin October 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to annual appropriation by the U.S. Department of Agriculture (USDA). Applicants currently receiving grants for these activities, who have performed satisfactorily, will be given first priority for continued funding. The Applicant applies for a multi-year (up to three-year) period, effective October 1, 2004.

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Public or private non-profit health agencies, county and municipal health departments, hospitals, county welfare organizations, social services organizations that can provide clinical services, and non-profit community action programs that can provide or contract for clinical services.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

1. Meet qualifications published in the WIC Program Consolidated Regulations (January 2003 Edition), FNS 7 CRF Ch II 246.5, "Selection of local agencies",
2. The ability to perform program services as stated above, and
3. Meet state policies and federal program specifications.

APPLICATION PROCEDURES:

An application for a grant will be mailed by the Department to current recipients, and to new, qualified Applicants who have submitted a Letter of Intent in compliance with all the applicable requirements. The completed application is to be returned to the Department for consideration.

FOR INFORMATION CONTACT:

Deborah Jones, Director
NJ State WIC Services
P.O. Box 364
Trenton, NJ 08625-0364

TELEPHONE: (609) 292-9560

FAX: (609) 292-9288

E-MAIL: Deborah.Jones@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be received by June 2, 2004.

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Grant awards will be made on or before October 1, 2004.